

HPG working paper

Changing gender norms in displacement

Venezuelans in Bogotá, Cúcuta and Pasto, Colombia

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About this publication

The Humanitarian Policy Group (HPG)'s work is directed by our Integrated Programme (IP), a multi-year body of research spanning a range of issues, countries and emergencies, allowing us to examine critical issues facing humanitarian policy and practice and influence key debates in the sector. This paper is part of HPG's 'Inclusivity and invisibility in humanitarian action' IP. The authors would like to thank HPG's IP donors whose funding enables us to pursue the research agenda.

Profamilia's Research Directorate investigates, documents, surveys and analyses phenomena related to sexual and reproductive health in the national and international contexts, producing knowledge with the aim to improve the sexual and reproductive health and rights conditions of the country's inhabitants with a differentiated approach.

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Acronyms

DANE	National Administrative Department of Statistics
EPS	health-promoting entities
FARC–EP	Revolutionary Armed Forces of Colombia–People’s Army
GBV	gender-based violence
GIFMM	Interagency Group for Mixed Migration Flows
HPG	Humanitarian Policy Group
IASC	Inter-Agency Standing Committee
ICBF	Colombian Institute of Family Welfare
IDP	internally displaced person
INGO	international non-governmental organisation
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IPV	intimate partner violence
IUD	intrauterine device
IVE	voluntary interruption of pregnancy
LGBTQI+	lesbian, gay, bisexual, transgender, queer/questioning and intersex
MISP	Minimum Initial Service Package
MSPS	Ministry of Health and Social Protection
NGO	non-governmental organisation
PEP	Special Stay Permit
PPT	Temporary Protection Permit
PSEA	protection from sexual exploitation and abuse
R4V	Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela
RMRP	Regional Refugee and Migrant Response Plan
SEG	Gender Equity Secretariat at the Cúcuta Mayor’s Office
SGSS	General Social Security System in Health
SISBÉN	Identification System of Potential Beneficiaries of Social Programmes
SOGIESC	sexual orientations, gender identities/expressions and sex characteristics
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UN	United Nations
UNHCR	UN Refugee Agency

1 Introduction

The economic downturn that plunged Venezuela into recession in 2015 has resulted in a mass out-migration of six million people, with many – more than 1.8 million as of January 2022 – settling in neighbouring Colombia (R4V, 2022).¹ How migration and displacement have affected the gender norms, roles and power relations of those on the move has been little researched and left largely unaddressed in a humanitarian response that has grown in size and scale since 2018. As discussed throughout this working paper, some of these changes – such as women taking on more paid work, household chores being shared more equitably and families choosing to have fewer children – have pragmatic roots and are grounded as much in the economic downturn in Venezuela as in the displacement to Colombia. Other changes, such as how gender-based violence (GBV) is addressed or how Venezuelans feel about expressing their sexuality or using contraception, are a more direct consequence of losing the familial and social networks that existed in Venezuela, which protected some from GBV but endangered others whose families did not agree with their diverse sexual orientations, gender identities/expressions and sex characteristics (SOGIESC). Whether the changes in roles and responsibilities detailed in this paper will result in more permanent gender norm change, however, remains to be seen.

While these changes are occurring across the Venezuelan population in Colombia, the humanitarian system continues to hold conventional understandings of gender, focusing on women while largely ignoring people with diverse SOGIESC and men, and without understanding the diversity of women and their intersectional experiences. Gender has been included as a cross-cutting priority in the Regional Refugee and Migrant Response Plan (RMRP) for several years, but whether and to what extent the dynamics around shifting gender norms are being considered in the response is less clear. Gender programming – in this crisis specifically, but in all humanitarian responses more generally – remains dominated by protection concerns, particularly around GBV, and sexual health concerns, such as contraception. Other issues, such as livelihoods, are much less likely to be seen through a gender lens that does not resort to stereotypes of gendered work (Holloway et al., 2019).

¹ This number does not include pendular migrants, who comprise a similar number (1.87 million); Colombian returnees or *retornados* (almost one million); or Venezuelans in transit (more than 200,000) (R4V, 2021). Pendular migration is temporary and usually repeated movement between two countries. In the Venezuelan-Colombian context, a ‘pendular migrant’ is one who resides in Venezuela and travels to Colombia regularly to access goods and basic services, health, education or temporary employment, but stays no longer than 30 days at a time (GIFMM and R4V, 2021c). UNHCR (2019b) estimates that 45,000 Venezuelans cross the border every day as pendular migrants.

1.1 Objectives and methodology

In this context, this research explores how gender norms, roles and relations have changed during and after migration from Venezuela to Colombia, as well as other gendered impacts of migration, especially as they relate to GBV and sexual and reproductive health and rights (SRHR), and what these changes mean for the humanitarian response. The focus on gender norms and roles is critical to understanding how to improve gender programming, since it speaks directly to how people are affected by crisis in every area of life. To date, there is little research analysing how gender roles change in crises (ibid.). This research, undertaken collaboratively by the Humanitarian Policy Group (HPG) and Profamilia, seeks to help fill this gap. It is one of three case studies in a three-year project on how gender norms change in displacement.² A qualitative research methodology was employed to answer the following research questions:

- How have gendered norms, roles and power relations changed during and after displacement?
- How has existing knowledge on gender issues informed design of the current refugee response?
- What are the implications for humanitarian agencies of observed changes in gender roles, norms and power relations?

In particular, this case study examines specific experiences of the Venezuelan population in Colombia in terms of changes in family relationships, gendered division of labour, GBV and SRHR.

Semi-structured interviews and focus group discussions were conducted in July and August 2021 with Venezuelans of different ages and genders in three Colombian cities: Bogotá, Cúcuta and Pasto (see Box 1). The interviews allowed for the reconstruction of individual experiences and trajectories of people with different migration profiles, while the focus groups provided a space for discussion that allowed for contrasting and deepening people's collective perceptions of the transformations in gender roles and relations during the processes of migration and displacement. Sixty interviews and 30 focus groups were conducted among the three cities (20 and 10 in each), split equally between genders and five age groups (14–17, 18–28, 29–35, 36–60, 60+), for a total of 206 participants. Focus groups also adhered to these age divisions, with no focus groups of mixed genders or age groups. Five participants had diverse SOGIESC.

To access participants, the research team relied on Venezuelan users of Profamilia's clinics who gave their permission to be contacted. In addition, for the focus groups, support was sought from migrant organisations and international cooperation agencies that had been previous allies of Profamilia and were located in these territories.

² The overall research project is part of HPG's Integrated Programme (HPG, 2019). The other two case studies explore gender norm changes in returnees to the newly merged districts of Pakistan (Levine, 2020) and South Sudanese refugees in northern Uganda (forthcoming).

Box 1 Selection of research sites

The three cities selected offer perspectives of different migratory patterns. **Bogotá**, the capital of Colombia and the country's largest job market, is a major destination for Venezuelans seeking to stay in the country indefinitely – representative of a permanent migratory pattern (Mixed Migration Centre, 2020). As of August 2021, it hosted more than 390,000 Venezuelan migrants and refugees – more than 20% of the Venezuelan population in the country (Migración Colombia, 2021). Venezuelans have largely settled in the centre of the city and neighbouring municipalities of the metropolitan area, predominantly in areas of high population density. This has led to increased informality in the labour market and heightened demand on social services (Jerena Montiel, 2021).

On the border with Venezuela, **Cúcuta** is a key city for people who enter and leave Colombia repeatedly and consistently in a pendular migratory pattern, as well as Venezuelans who have settled more permanently (Mojica Acevedo et al., 2020). As of August 2021, it hosted the third-largest population of Venezuelans – almost 100,000 settled Venezuelans – surpassed only by Medellín and Bogotá (Migración Colombia, 2021). In Cúcuta, Venezuelans tend to settle in peripheral areas with little access to basic public services. They face precarious housing conditions and limited access to drinking water, hygiene products and other goods (GIFMM and R4V, 2021b).

Finally, **Pasto**, on the border with Ecuador, hosts Venezuelans travelling to other countries in South America, representing a transitory migration pattern. Since 2018, an increasing number of Venezuelans have stopped temporarily in Pasto, prior to crossing the border and continuing their journey to other South American countries. This population tends to be young, male and with irregular or undocumented status, who stay in temporary shelters or in public spaces (Paz Noguera et al., 2021). It was estimated that, in 2021, 162,000 Venezuelans would have passed through Colombia on foot, known as *caminantes* or walkers (ACAPS, 2021).

1.2 Challenges to the research

While this research has attempted to include equal representation regarding geography, migration type, gender and age, the small sample size (60 interviews and 30 focus groups over three locations) and the qualitative methods inevitably mean that this study is not representative of the Venezuelan population in Colombia as a whole. Some of the interviewees and focus group participants already had contact with Profamilia, while others were recruited via referrals and word-of-mouth. Nevertheless, the voices of the most marginalised – who had not yet been able to access services – are unfortunately missing.

Other challenges stemmed from the global Covid-19 pandemic and security concerns around the popular protest movement against tax hikes, increasing inequalities further exacerbated by Covid-19 and police brutality that began in late April 2021 (ICG, 2021). The research team in Colombia was unable to travel outside of Bogotá as planned, due to restrictions that were in place at the time. Instead, the collection of information in Pasto and Cúcuta was supported by two sociologists residing in these municipalities.

2 Migration, gender norms and the humanitarian response in Colombia: an overview

2.1 Venezuelan-Colombian migration

Venezuela was once among the richest countries in Latin America, with the largest oil reserve in the world and where oil accounted for roughly 95% of all export earnings. A sharp decline in oil prices and mismanagement led to economic collapse in 2014 and subsequent political crisis; since then, Venezuela has faced one of the largest humanitarian crises in the world. There have been severe shortages of food and medicine throughout the country, widespread power cuts and a lack of running water. Security is also an issue, with Venezuela ranked the lowest in the world in Gallup's 2017 Law and Order Index of how secure people feel: only 14% of the population had confidence in the local police and only 12% felt safe walking alone at night (Ray, 2017). Hyperinflation is rampant, with a new one million-bolivar banknote introduced in March 2021 worth only \$0.52 (Reuters, 2021). Since then, the government has revalued the bolivar at a rate of 1,000,000 to 1 and has adopted the US dollar as the country's unofficial currency (Yapur, 2022).

Since 2014, the situation has steadily deteriorated (ACAPS, 2021). Women are particularly hard hit, having 'historically been one of the main beneficiaries of economic and social government programs in Venezuela that aim to fight poverty and promote social inclusion' (Chavez, 2020). Maternal mortality rates have increased from 69 per 100,000 in 2013 to 125 per 100,000 in 2017 – the most recent figure available – and infant mortality has also increased by at least 30% since the start of the crisis (Murfet and Baron, 2020; Van Praag and Arnson, 2020). Covid-19 has exacerbated, and been exacerbated by, these conditions: strict quarantine measures have been aggressively enforced to the detriment of those who need to leave their homes for food, fuel and work, while handwashing is difficult without running water and soap, making contagion hard to contain. Meanwhile, there are only 80 intensive care beds throughout the entire country (Van Praag and Arnson, 2020).

Many Venezuelans have coped with the humanitarian crisis in their country by migrating. Since 2014, more than six million people have left Venezuela, mostly to countries in Latin America and the Caribbean (R4V, 2022; see Figure 1). Covid-19 slightly slowed this pace of immigration, with land borders closed and many returning to Venezuela due to challenging conditions in Colombia, as lockdowns prevented many from finding work (Van Praag and Arnson, 2020). As of August 2021, Colombia was host to more than 1.8 million Venezuelans, of whom only 345,000 (or 19%) held regular migration status. The majority were in the process of regularising their status through the Temporary Statute for the Protection of Venezuelan Migrants (see Sub-section 2.3.1), with 315,000 (or 17.5%) with irregular status (Migración Colombia, 2021).

Figure 1 Venezuelan refugees and migrants in the region



Source: Adapted from R4V (2022)

The Venezuelan crisis has reversed historical migratory flows, which saw Colombians displaced to Venezuela to escape internal armed conflict, and has resulted in almost one million Colombian returnees, or *retornados* – displaced Colombians who had been living in Venezuela – who then moved back to their home country (R4V, 2021). The complexity of migration between Venezuela and Colombia over recent decades means that current migration has reunited previously separated families. Many Colombians who fled armed conflict and settled in Venezuela had started families with Venezuelans. Now, these blended families are returning to the other side of the border, with one (or more) members as *retornados*, or returnees, and the others as migrants.

Thus, Venezuelan migration has been classified as ‘mixed migration’, since it includes primarily economic migrants but also migrants returning to their country of origin (30%) and, in smaller proportions, recognised refugees (World Bank, 2018). Although some Venezuelans have chosen not to pursue asylum claims or see themselves as refugees because they plan to return to Venezuela (see Miller and Panayotatos, 2019; Collins and Daly, 2020), others have not applied for asylum because they did not know they could or due to barriers to the labour market that exist for asylum seekers in Colombia (Mixed Migration Centre, 2021). Colombia has also not distinguished between ‘refugee’ and ‘migrant’ for Venezuelans, choosing instead to give Venezuelans temporary protection status (Selee and Bolter, 2022). Still, the United Nations Refugee Agency (UNHCR) notes that while most countries are not using the refugee distinction for Venezuelan migrants, under the 1951 Convention/1967 Protocol and the 1984 Cartagena Declaration on Refugees, almost all migrants from Venezuela qualify for international protection (UNHCR, 2019a).³

2.2 Gender norms and displacement

Gender norms in Venezuela and Colombia tend to follow a framework known as *machismo*,⁴ where *machista* attitudes manifest in a broadly paternalistic society with clearly delineated and restrictive gender norms. According to this model, men are understood to be the primary breadwinners, controlling resources and making decisions for the family, whereas women are the primary caregivers with limited control over resources or decisions (Murfet and Baron, 2020). These *machista* attitudes were described by several interviewees in terms of power dynamics – ‘an abuse of power, so to speak’, according to one interviewee. Another man explained:

Never in my life have I seen a complaint ... from a man against a woman, because it's always the man who mistreats. He's always the one who makes himself feel that he has more power than the woman.

3 Since 2019, UNHCR has referred to Venezuelans who have left their country due to deteriorating conditions but have not applied for asylum in the country they are currently living in as ‘Venezuelans displaced abroad’, to ensure that those who need international protection are counted. Those who have applied for asylum are considered refugees (UNHCR, 2019a).

4 According to López Castañeda and Myrntinen (2014: 8), “‘machismo’ often refers to a form of masculinity that embraces and celebrates heterosexual male privilege ... [and] is often linked to the readiness to use violence to defend one’s masculine honour, to being the sole breadwinner, being “hard”, being muscular, being sexually virile and also at times to engaging in heavy drinking’.

Similarly, a woman blamed machismo on the fact that ‘the man was the one in charge, the man had more power than the woman’.

That the crisis in Venezuela and subsequent migration to other countries has highly gendered dynamics is inarguable (Collins and Daly, 2020; Murfet and Baron, 2020). Interviews undertaken for this study highlight how migration has affected gender norms and roles in several ways. The economic crisis in Venezuela and the daily realities of migrant life in Colombia recast the typical spheres of influence of men and women. No longer could women afford to stay home, regardless of their own preference, as they also needed to work to support their families and make ends meet. While many women already worked outside of the home prior to the current crisis, staying home was an idealised norm that many saw as aspirational – but that the economic collapse rendered impossible in practice.

Decisions on who would migrate and when often split families, with men usually the first to leave, seeking employment opportunities and sending money back to Venezuela to support their families. This temporarily separated families, and more permanently separated men from their extended networks back in Venezuela. By 2018, a larger proportion of Venezuelan women and children began to leave their country, often on foot as *caminantes*, without documents, without financial resources and in greater need of assistance. Most *caminantes* enter Colombia via informal routes and unofficial border crossings, known as *trochas*, because they lack documentation to enter Colombia legally. Here, Venezuelans are at risk of exploitation, extortion, human trafficking and physical and sexual violence – risks that are significantly heightened for women, girls and those with diverse SOGIESC (Zulver and Idler, 2020; ACAPS, 2021). During the Covid-19 pandemic, the use of these *trochas* increased when Colombia shut the official border crossing with Venezuela for more than a year (Collins, 2021). The tightening of migration control policies at borders can encourage human trafficking and the emergence of criminal organisations that profit from facilitating irregular transportation between the two countries, further increasing gendered risks (Abuelafia, 2020).

These risks do not disappear when the migration journey ends. Many Venezuelans turn to transactional sex as a coping strategy, or take employment where sexual favours are expected, whether in domestic servitude, bars – ‘known entry points for trafficking networks’ – or massage parlours (Murfet and Baron, 2020: 19). In interviews for this study, transactional sex was seen as a pragmatic means of accessing money or other needed resources, especially for Venezuelan women and people with diverse SOGIESC. For some, this took the form of consensual sex work, while others reported experiences (their own or others’) of sexual exploitation or coercion of various kinds (see also Zulver and Idler, 2020).⁵ ‘They have to’, asserted a woman in Cúcuta, ‘because their children are dying of hunger or because of the family’s needs in Venezuela.

5 In Colombia, sex work is illegal outside specific tolerance zones, and sex workers enjoy few legal protections. Abuse of sex workers by police or others is common, and laws against vagrancy, public disorder and loitering are often enacted against them (see Congreso de Colombia, 2000: articles 213–219). The practice of transactional sex, either formally or informally, among Venezuelans is likely to increase with the uncertainty and restrictions on other forms of informal work brought about by Covid-19 (Jacobson et al., 2020).

Unfortunately, this is almost obligatory for some.’ Similarly, as one United Nations (UN) worker explained:

There’s a saying and I guess it’s true that just having something to eat is a challenge – the need that Venezuelan[s] had to start doing sex work. Some of them were nurses or teachers, and what triggered their sex work was the situation in Venezuela and then into Colombia.

This observation mirrors those found in other studies. Kalyanpur (2019: 5, 11) notes that

unemployment and restricted access to livelihoods in the metro area [Cúcuta] have led to a flourishing transactional sex economy’ and ‘a high proportion of women and girls, including transgender women, are engaging in some form of transactional sex as a survival mechanism.

Once in Colombia, the needs of Venezuelans remain gender specific. According to the December 2020 Joint Needs Assessment, 28% of households included at least one pregnant and/or lactating woman, and women-headed households (which made up 69% of households surveyed) were ‘more likely to engage in emergency survival strategies and eat, on average, less than other households’ (GIFMM and R4V, 2021a: 3). Moreover, almost one in four surveyed indicated that a household member had needed SRHR services in the previous 30 days; yet 35% of households in need of contraceptive services were unable to access them (GIFMM and R4V, 2021a).

2.3 Responding to Venezuelans in Colombia

Although the scale of migration between Venezuela and Colombia is immense, most formal support for Venezuelans comes from the Colombian government through national and local policies and programmes. As detailed in Chapter 4, the international humanitarian response – which supports and fills the gaps in those structures – remains limited in scope, complex in terms of coordination and chronically underfunded.

2.3.1 The state response

In Colombia, Venezuelan migration is occurring in the context of a precarious peace agreement between the Government of Colombia and the Revolutionary Armed Forces of Colombia–People’s Army (FARC–EP), following decades of armed conflict and violence that resulted in high levels of internal displacement (Steele, 2017). Since then, violence has continued, with non-state armed groups moving into the spaces vacated by the FARC–EP following the peace agreement and fighting to control illicit activities (NRC, 2021). At the end of 2020, the Internal Displacement Monitoring Centre (IDMC, 2021) estimated that there were just under five million internally displaced persons (IDPs) in Colombia. These IDPs, like Venezuelans in Colombia, have higher rates of poverty and unemployment. When they do find work, it tends to be in the informal sector, with low pay and without access to social protection systems that rely on contributory coverage, such as more comprehensive healthcare and social security (Ham et al., 2022). The gendered effects of the conflict on these IDPs have also been stark, including

widespread GBV, reproductive violence⁶ and – most pertinent for this study – significant but notably mixed shifts in gendered norms and roles (Céspedes-Baez, 2016; Beltrán and Creely, 2018; Biroli and Caminotti, 2020; Centro de Derechos Reproductivos, 2020; Rubiano-Matulevich, 2021).

Colombia has employed a multi-pronged response to Venezuelan arrivals, offering them special permits to help regularise their status as well as taking steps to promote their access to healthcare, education, protection, economic integration, security and social cohesion. From 2017, Venezuelans were able to apply for the Special Stay Permit (PEP), which was valid for two years before needing renewal. With the PEP, Venezuelans had regular status with a pathway to residency, the right to work, and the right to access basic services like education and subsidised healthcare (Ham et al., 2022).

In March 2021, given that more than half of displaced Venezuelans were in an irregular situation, Colombia adopted the Temporary Statute for the Protection of Venezuelan Migrants, which gave Venezuelans who entered the country prior to 31 January 2021 the ability to apply for a Temporary Protection Permit (PPT). Unlike the PEP, the PPT is valid for 10 years, after which time they will be able to acquire a resident visa. With regular status, Venezuelans can access the formal labour market, education and healthcare, as well as Colombia's social protection system (ibid.).

Although Colombia has offered several pathways for Venezuelans to regularise their status, not everyone has been able to take advantage of these programmes. *The Migration Pulse Survey of Venezuelans in Colombia*, conducted by the National Administrative Department of Statistics (DANE) between July and August 2021, showed that only 28% of respondents had the PEP, with men more likely to have obtained it than women (31% to 25%, respectively). In terms of the PPT, 67% of respondents had knowledge of the scheme, with women slightly more likely than men to know about it, while 89% said that they either had applied for it or would do so in the future, with no gender differentiation (DANE, 2021).

Having a permit legalising their stay is not the only obstacle to entering the formal labour market. Many Venezuelans also struggle to have their educational documents and qualifications recognised in Colombia. The process is lengthy and, while waiting, most resort to the informal economy to cover expenses. As a man in Cúcuta related:

When I arrived here, it was not easy to legalise my study papers. It was a process that took about a year ... before that, I worked in everything. Just imagine that I even went to plant coffee, things that I had never done in my life.

All Venezuelans, regardless of migratory status, can benefit from accessing basic services, such as education (though not higher education) and emergency healthcare. Those with regularised status can

6 Reproductive violence is 'the practices that directly or indirectly compromise and violate reproductive autonomy, which is understood as the ability of individuals to decide if and when to have children and to access sexual and reproductive health services' (Centro de Derechos Reproductivos, 2020: 13).

also access the national health insurance scheme – the General Social Security System in Health (SGSS) – by registering with ‘health-promoting entities’, known as EPS, and either paying contributions from their salaries if in formal employment or by enrolling in the Identification System of Potential Beneficiaries of Social Programmes (SISBÉN) to join the subsidised scheme (Profamilia and USAID, 2020).

Irregular status is still the biggest barrier to accessing non-emergency healthcare, including SRHR, but many Venezuelans have also reported ‘feeling overwhelmed by bureaucracy and administrative procedures with the enrollment process’ for SGSS to the point where they do not pursue it (ibid.: 38). According to the recent DANE survey, only 33% of Venezuelans are affiliated with the Colombian health system. Among the 67% who are not affiliated, 43% do not know how to become affiliated, 26% cannot access subsidised healthcare, 11% do not have formal employment or are unemployed, and 2% said affiliation was too expensive (DANE, 2021). There were no significant variations between men and women in this survey data.

Venezuelans have not typically received monetary social assistance, even if they are enrolled in the SISBÉN, because budgetary constraints have prevented new programme enrolment in recent years (Ham et al., 2022). In a recent study of low-income neighbourhoods in Bogotá and Cúcuta, only 48% of Venezuelans were reported to have received cash or in-kind assistance in the preceding year (compared to 76% of IDPs and 62% of households in the host community). Venezuelans were equally likely to receive in-kind assistance or cash, whereas Colombians receiving transfers were far more likely to receive cash. The majority of assistance came from the Colombian government, though Venezuelans who received assistance were slightly more likely to report assistance from non-governmental sources (8%) than Colombian host communities and IDPs (2% and 3%, respectively) (ibid.).

Almost all Venezuelans who had received cash assistance from the Colombian government did so under social protection schemes initiated because of the Covid-19 pandemic rather than under long-standing programmes (ibid.). The largest Covid social protection scheme, *Ingreso Solidario*, was designed to reach vulnerable households regardless of nationality, although Venezuelans had to have regular migration status and be registered in the SISBÉN in order to be considered. Overall, 40,000 Venezuelan households received this assistance, accounting for 2% of all *Ingreso Solidario* recipients (IPC-IG et al., 2021).

2.3.2 The international response

The crisis in Venezuela has generated humanitarian impacts and crises in neighbouring countries, with many Venezuelans unable to access work, adequate shelter, non-emergency healthcare, sufficient food and clean water, yet it has received little attention from the international community. Only since December 2018 have the UNHCR and the International Organization for Migration (IOM) launched their first joint initiative, the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), along with the Regional Refugee and Migrant Response Plan (RMRP) in Venezuela. As of the end of 2021, R4V comprised 192 organisations and seeks to balance immediate humanitarian and protection needs with longer-term development and peace needs and to complement and strengthen

national and regional government responses. Yet, scale and underfunding remain critical issues, particularly as only a small proportion of this funding goes to gender-based programming. The crisis was described in 2019 as ‘the largest and most underfunded in modern history’ (Bahar and Dooley, 2019: n.p.). The 2021 RMRP was only 45% funded (UN OCHA, 2021).

Under the R4V, sector groups operate at the regional and national/sub-regional levels, a number of which speak to the themes emerging from this research. The protection sector focuses on child protection, GBV and human trafficking and smuggling, and the health sector has identified care for GBV survivors and SRHR as two of its priority areas (R4V, 2021). There is also a thematic focal point on gender (ibid.). In the 2021 RMRP, gender and age disaggregation was included throughout response planning ‘to better visualize the gender dimension of the response for refugees and migrants from Venezuela’, while the 2022 RMRP saw the addition of disability (R4V, 2020: 22; R4V, 2021). A regional Community of Practice on Protection from Sexual Exploitation and Abuse (PSEA) was established in 2021 to support national/sub-regional platforms (R4V, 2021).

Colombia’s national coordination platform, the Interagency Group for Mixed Migration Flows (GIFMM), is under the RMRP. As of October 2021, GIFMM comprised 77 members nationally (GIFMM and R4V, 2021e). Like the R4V, there are also sector groups under the GIFMM, including a GBV sub-sector, gender focal points and a PSEA taskforce.

Colombia also has a Humanitarian Country Team (HCT) for the internal conflict and natural hazard-related disasters, which works in a close coordination, or ‘back-to-back’, system with the GIFMM. Moreover, some international non-governmental organisations (INGOs) were already working in Colombia with IDPs and on peace-building and natural hazard-related disasters prior to the arrival of the Venezuelan migrants. National and local non-governmental organisations (NGOs), including the Colombian Red Cross, began working with Venezuelans much earlier, at the start of the crisis. INGOs specifically seeking to support this migration, however, did not come in large numbers until 2018–2019, four years after the start of the Venezuelan crisis and concurrently with various UN agencies and the creation of the R4V.

3 Changes in gender roles and norms for Venezuelans in Colombia

The *machista* heteronormative norms that position men as the productive partners and women as the reproductive partners persisted following migration from Venezuela to Colombia for most interviewees – as was to be expected since these norms exist to varying degrees throughout Latin America. For example, a woman in Bogotá said that ‘the woman is the one who is in the house, who obeys, who has the children ... The man is the one who goes out to work and makes money.’ Likewise, a man in Cúcuta noted that ‘the man works in the street, and she takes care of the children. That’s how I see it. She’s a woman of the home.’

Yet, in many interviews, there were signs that these norms were shifting due to the economic crisis and subsequent displacement. A man in a focus group in Cúcuta explained:

For the most part, in Venezuela years ago, the man almost always worked, that is, men were more hardworking than the women ... nowadays, not only in Venezuela but in all parts of the world, couples have to work, both of them, to have more stability.

Similarly, a woman in Bogotá stated that:

Right now, women work like men ... right now people are looking for a way to survive. If a woman has to clean a street like a man, she does it, just like a man.

Both men and women were consistently described by interviewees as ‘fighters’ and ‘warriors’ because of the struggles Venezuelans in Colombia are currently undergoing.

Beyond norm change due to their own evolving situation, Venezuelan men and women are also exposed to different gender norms in Colombia. Several interviewees saw Colombian society as less *machista* than Venezuelan society and pointed towards the greater independence of Colombian women compared to Venezuelan women. Some described Colombian women as more likely to work outside of the home than Venezuelan women, and to take on jobs that they had traditionally associated with men, such as bus drivers, mechanics and bricklayers. Another observed that women had more high-profile roles in Colombia, whereas in Venezuela they would have been secretaries. By contrast, others – predominantly men, but a few women – felt Colombian culture was more patriarchal and *machista* than Venezuelan culture. Respondents spoke of their perceptions that Colombian men refused to help around the house or do anything that was considered ‘women’s work’ – reflections that could indicate previous *machista* norms are slowly disappearing due to new experiences in displacement.

Yet, despite some examples of shifting gender norms and exposure to different norms in displacement, these variations were relatively minor and appeared not to have transformed overall entrenched

attitudes. It is unclear as to whether any changes in roles and responsibilities, which are explored further below, are a temporary and pragmatic adaptation to new circumstances, or whether they would remain if economic conditions improved.

3.1 Relationships and family life

One of the biggest effects of migration is the rupturing of family networks and structures that existed in Venezuela. Many interviewees remarked that what characterised Venezuelan men who migrated was the family that they left behind. As a man in Pasto explained, Venezuelan men migrated ‘to give his family a better quality of life, leaving them in Venezuela and then, God willing, bringing them [to Colombia]’. Similarly, a woman stated that ‘Venezuelan men are workers ... that is why they are here. Many have come here alone to move forward, to be able to bring their families with them.’ One UN worker who understood some of these dynamics explained:

Of course, you have what usually happens: the changing of gender roles. Men, who used to provide for their families in a very patriarchal society like ours in Colombia, now had a different role. This was very frustrating for men. They didn’t have any work.

In 2020, men were twice as likely to move to Colombia for work than women, whereas women were more likely to migrate for family unity (DANE and Ladysmith, 2021).

A few interviewees described the reverse pattern: women and children migrating first, and then their husbands and fathers following, particularly when the woman had family already in Colombia. As one man explained:

My wife is Colombian. We met in Venezuela ... she came first [to Colombia], and then I came. She came with the child in 2016 and then I came in 2017, while I was sorting out my papers to come legally, because as you know, we’re not married.

These trends are echoed in the recent DANE survey, which shows that for couples who do not travel together, the man migrates first three out of every four times (DANE, 2021).

Either option – whether the man migrates first or the woman – resulted in women being left alone with the children, either in Venezuela or Colombia, because the gender norm of women as caretakers remained undisturbed. As several interviewees put it, these women had to be both father and mother to their children. As a woman in Bogotá explained:

There are women who are alone, at least I came here alone ... You know Venezuelan women. At some point, they’ve had to go it alone, and be resilient too. They adapt to any situation.

When families are reunited in Colombia, they often have little time to spend as a family because of the long hours they must work to survive. One woman shared how her friend's husband was like a 'ghost' because 'he does not share [his life] with his children. He does not share it with his wife. He spends the whole day on the street [working].'

Family separation is often more extensive, in time and scope, and may not result in reunification. Many interviewees mentioned family members they left behind – grandparents, parents, siblings, children – when they migrated to Colombia. Several men spoke of children who remained in Venezuela with their mothers. In these situations, the men's familial role had been reduced to sending money back from Colombia every month to support their children. Because of the circumstances of migration, these men have been cast solely as the productive parent, reinforcing rather than challenging conventional gender norms.

3.1.1 Changes in family size

For women, smaller family sizes may indicate that some conventional norms are shifting, as women take on both reproductive and productive roles. When asked whether migration had affected their decision regarding how many children they wanted to have, two in three respondents answered that they now wanted fewer children than before: 'I wanted to have six, now I don't even want one', stated one man in Bogotá. The most common reason mentioned for wanting fewer children was participants' own uncertain migrant status, legally, economically and even culturally. A common motivation for this shift for both men and women was expressed by a woman in Pasto:

Migration has changed my desire to have more children, because previously I had wanted to have three, four children. I have two. I don't want to have any more because I am not in my country, I don't have my own home where my children can grow up ... and because of the economic, health and food situation.

One clear example of this shift came from a woman in Cúcuta who had four daughters, two of whom stayed in Venezuela while two migrated to Colombia. Of the two in Venezuela, one had eight children and the other three. Of the two in Colombia, one had two and the other had none, since, as she said, they do not have a house or the means to support them. Although the economic situation in Venezuela is also poor, her daughters there had maintained large families. This may be indicative of cultural norms around large families that existed in Latin America prior to the crisis – in large part due to patriotic narratives and social protection programmes supporting mothers and women who stayed home, even if these are no longer available (see Elfenbein, 2019) – persisting in Venezuela but eroding in Colombia. Otherwise, this may indicate women in Colombia having better access to contraception than women in Venezuela, which allows them to control their family size more easily. It may also reflect larger trends across Latin American countries of declining fertility rates. From 2000 to 2020, Venezuela's fertility rate dropped from 2.83 to 2.26 per woman in the course of her lifetime, whereas in Colombia it went from 2.56 to 1.94 (Index Mundi, n.d.a; n.d.b). As a woman in Bogotá stated, 'Now, with this situation, you can't afford to have three, four, five children'.

Whereas in Venezuela having three children is considered only a few, in Colombia, three children are considered many; yet only in one focus group did participants make the link between seeing Colombians' smaller family sizes after migration and this shift in desired family size. According to a man in Bogotá:

Here women have taken a lot of care to plan, because there [in Venezuela] women had like five, six, seven children, while here women are setting an example for Venezuelan women. They have only one well-planned child.

In another focus group when the comparison with Colombians was mentioned, it was in reference to the worse economic situation of Venezuelans: 'If it's that difficult for a native of this country, to raise one, raise two, just imagine what it's like for a migrant'. While displacement is just one of many key factors likely at play here – including demographic trends, different norms in Colombia and increased poverty – these strands are difficult, if not impossible, to disentangle.

By contrast, a small minority of respondents – less than one in 12 – felt they were more likely to have children after migrating than before. One focus group in Cúcuta remarked that in Colombia, they could now have children because conditions were better than in Venezuela: there was more food and the children would have a better future. Another group in Bogotá made the same argument, saying at least in Colombia you could buy nappies. Another interviewee stated that migrating to Colombia had increased his opportunities for raising a family. As a gay man with HIV, he had been told in Venezuela that he could not have children. However, in Colombia he was told he could have a child with treatment, or he could adopt. In his words: 'That changed my perspective on being a father.'

This role of migration in conditioning the reproductive choices – and thereby visions of family life, parenthood and gender norms – of Venezuelans is a little-mentioned consequence of displacement that directly impacts their sense of autonomy. Quite a lot of literature focuses on the large number of pregnant Venezuelan women who migrate, either permanently or temporarily, for pre- and postnatal care in Colombia, often due to unplanned pregnancies and a lack of SRHR in Venezuela (Kalyanpur, 2019; Martinez, 2019; Murfet and Baron, 2020). However, there is less dealing with the consequences of migration on those who have chosen – or who feel they have to choose – to limit the size of their families. As a man in Pasto explained, 'Because of the economic situation, we are forced to not have children'. Yet, rarely are pregnancies, either planned or unplanned, linked in humanitarian programming to the desire to have children; more often, they are only discussed in terms of access to contraception (Armario, 2019; Martinez, 2019; Flórez-García et al., 2020).

3.2 Division of labour

The gendered division of labour is understood as the way activities are assigned to people depending on whether they are men or women (Anzorena, 2008). How Venezuelans distribute productive, care and domestic work and other tasks depends not only on the power relations derived from gender and gender norms, but also on the ways in which they organise themselves to live together. Both in Venezuela following the economic collapse and in Colombia after migration, the dominant gender norm of men as the

productive partners and women as the reproductive partners has been challenged by high unemployment and difficulties in entering the formal labour market. Many interviewees pointed towards these changes – of women working outside the house and men helping out more at home – as evidence of this.

Yet, the recent survey conducted by DANE shows that things have not shifted significantly, suggesting that the minor differences that do exist in people's lives have coloured their perceptions of overall changes. The majority of survey respondents stated that they spent the largest part of their time in Venezuela working, and this held true for both men (78%) and women (62%) (DANE, 2021). Now in Colombia, these same participants still identified work as the main way they spent their time in the week prior to the survey, but the percentages had declined – to 75% of men and only 43% of women (ibid.). This contradicts the narrative from many interviewees that more women were working in Colombia than men, and that more women were working in Colombia than had been working in Venezuela. Indeed, DANE and Ladysmith (2021) found that in 2020, Venezuelan women in Colombia spent more time searching for work than Venezuelan men, but were employed less often.

3.2.1 Domestic and care work

One area in which the DANE survey showed a significant increase was in the percentage of women who spent most of their time doing housework. Almost 15% of women stated this took the majority of their time in Venezuela (and less than 1% of men); in Colombia after migration, almost 40% of women identified housework as occupying the majority of their time (and less than 4% of men) (DANE, 2021).

As with women in the labour market, this small uptick in men doing housework took on a disproportionate significance in the interviews conducted for this study. For example, as a man in Pasto explained:

When you decide to emigrate, it is no longer the role of the woman who stays at home cooking, taking care, no, it is dividing the schedules, dividing everything, because while you have two hours free, your wife is going to go out to the street to try to earn money, to work, and in those two hours the husband stays with the children.

Most of this work, however, is still done by women and girls. A participant in a focus group of women aged 29–35 in Cúcuta noted:

We were always brought up like that, that men don't have to do anything [around the house], that the man is the man, and the woman is the one who has to do the chores.

The increased domestic and care work that women are engaged with in Colombia is likely not only due to a decrease in paid work outside of the home, but also to lost familial networks following migration. Several interviews highlighted the role of older Venezuelans, especially grandmothers, who often cared for children while parents worked. In some instances, children were left with grandparents in Venezuela while their parents went to Colombia. In others, grandparents migrated alongside families. Quite commonly, however, the older generations 'do not want to leave the country' and 'prefer to stay

... in their home', according to one interviewee, which results in a lack of familial support for childcare once in Colombia. To mitigate the gaps in care that result from the loss of these family structures, some Venezuelans have organised themselves to cooperate with each other and have formed support networks to ease the burdens of care work. Others have resorted to leaving children in the care of the eldest child while they are out working (DANE and Ladysmith, 2021).

Single mothers face multiple challenges when migrating with their children. They shoulder economic responsibility for the family, as well as managing the household, all the while facing several risks and threats due to their irregular migration status and increased vulnerability and protection risks (Carrillo Hernández, 2014). A woman in Cúcuta explained:

Here I am a single mother. For about 10 years now, I have always taken care of the children, looking for daily childcare, so that I could finish my studies, finish my work and they could be in care.

Lack of adequate income and sufficient housing has seen many Venezuelans living in shared accommodation (R4V, 2019). In these situations, interviewees explained that the division of domestic work tended to be more equally split between genders when living together with non-family members, i.e. friends, co-workers or flatmates. For example, a man in Pasto explained how the work was shared between everyone who lived in his flat, including himself and his partner. Another focus group of men in Cúcuta agreed, explaining how in houses where friends lived together and everyone worked, chores were divided up, whereas for those participants who lived only with their partners, household work remained the role of the woman, particularly if she did not work outside the home. As this man explained, 'the woman does everything where I live ... Working and the woman in the house doing this, the man can't come home from work to do the housework'. When another participant interjected, 'No, but you have to help', the man laughed and responded 'sometimes'. Thus, new household arrangements, created by economic necessity following migration, are shifting some roles and responsibilities around housework, but this shift has yet to create any large-scale change in ideals of gender equality.

3.2.2 Economic and parenting decision-making power

Who makes decisions around how money is spent within the household and how children are raised is strongly tied to gender norms, with the man – as the breadwinner – taking most of the economic decisions and the woman – as the caregiver – taking most of the parenting decisions. With new household dynamics emerging following migration, including a stronger likelihood for both partners to work outside of the home and shared household units, how these decisions are made has also become more fluid.

In terms of economic power, when men and women live as a couple, decisions on how money is spent tend to be shared. As a man in Bogotá explained:

We had to leave Venezuela and here, if you brought the family unit, the family unit participates in all the activities, participates in the decisions, and participates in whatever is beneficial or detrimental to the family group, and that is what the head of the family, the father and the mother, are for.

Another man in Pasto expressed similar thoughts, describing how he, as the patriarch of the family, had managed the money in Venezuela when he had a good income, but now in Colombia, decisions on what to buy were shared between him and his wife because there was no extra money to waste. Only in a focus group with women over 60 in Cúcuta did this idea deviate strongly. For these women, they did not have economic power because their husbands were used to being in charge of managing the household, and this had not changed following migration. According to one woman, ‘Those gentlemen like that, when they get to be that age, they don’t like to have their authority taken from them.’

Other interviewees maintained that, as had been the case for them in Venezuela, the ‘one with the fattest purse’ in the relationship was the one who made the decisions; yet in several instances, that person had changed since migrating to Colombia. A man in Pasto explained that:

In Venezuela, I was the one who made the decision about the money, but here it has changed a lot because I am unemployed, and she is the one who is working. She is the one who makes the decision now.

With women becoming more economically active, many now have more economic decision-making power within their households than before. This mirrors situations of displacement in Colombia due to internal conflict, where women IDPs often became the main providers for their families (Meertens, 2004).

Other instances mentioned in interviews where the economic decisions were not shared between the man and woman were for more pragmatic than idealised reasons. This typically occurred when either the man or woman was better at money management than the other or when men gave full economic power to their wives since, according to one respondent:

She’s the one who knows what she has to pay, what she has to buy ... I just give [the money] to her, and she is the one who knows how to manage it.

Economic power, then, does not seem to adhere to norms as expected, particularly for younger generations.

Decision-making power in parenting has also shifted to become more equal, as care work was found to be shared between the parents depending on who was working outside of the home; however, no cases were reported where only men had full parenting power. Indeed, in all three interview locations, women were more likely to claim they had the parenting power, though this would have included many single mothers, whereas men were more likely to say it was shared. When men said they did not have any parenting power, the couple was no longer together, and often the children had remained with their mothers in Venezuela. In these cases, distance, as well as gender norms that determined that children should stay in the care of their mothers, decided the extent of the father’s involvement in their children’s lives. No interviewee described themselves as a single father, nor acknowledged the ability to be a single father.

There were, however, some hints that this shift towards parity in parenting power began in Venezuela prior to displacement. One man in Bogotá, for example, stated that in his opinion, in Venezuela ‘the man began to incorporate himself, to integrate himself, in the decisions on everything within the home’, including decisions about the upbringing of the children. Like with other shifts in gender norms, this may have been grounded in shared childcare when women found employment outside the home after the economic collapse. Although extended family networks were more readily available in Venezuela to help with the childcare, in situations where there were no networks, this shift may have taken place in the same way as in Colombia.

3.3 Gender-based violence

The *machista* attitudes that interviewees described as ‘an abuse of power’ underpin societal understandings and conceptualisations of GBV, since ‘GBV against girls, female adolescents and women is based on symbolic and structural violence related to sex and gender, rooted in cultural beliefs and practices’ (GAPS et al., 2021). Indeed, Alexander-Scott et al. (2016) found that much of GBV programming had historically focused on building the individual agency of women and girls, changing material circumstances through livelihoods or savings and loans groups, and advocating for change at a structural level. Yet, these changes alone were not enough to achieve sustained prevention of GBV without addressing social norms (ibid.; see also Perrin et al., 2019).

Prior to migration, most of the instances of GBV mentioned by respondents were intrafamilial and intimate partner violence (IPV) that took place in their homes or communities. For example, eight women of the 30 individually interviewed for this study⁷ described experiences of sexual abuse or assault prior to migration, all by family members, boyfriends and husbands. By contrast, the two men of 30 interviewees who disclosed sexual abuse and assault prior to moving to Colombia were both victimised by strangers. This may be indicative of the different circumstances under which GBV occurs for people of different genders, as well as how particular forms (such as IPV) are normalised in particular settings like the home.

The migration journey and the additional vulnerabilities of living as a migrant in Colombia increased the frequency of GBV among those interviewed for this study, both in and outside the household. In particular, xenophobic attitudes toward Venezuelan women that characterise them as being promiscuous or available for paid sex have led to sexual solicitation and sexual exploitation. Moreover, their tenuous position in Colombia means that most GBV goes unreported to authorities – whom they do not trust – and unaddressed by health specialists, often because they are unaware of available support.

7 Because of the sensitivities around this subject, this question was not asked in the focus group discussions.

3.3.1 GBV during migration

The majority of GBV incidents described, albeit mostly second-hand, along the migration journey were acts of opportunistic sexual violence perpetrated against Venezuelan women and girls by a range of actors. Many mentioned the numerous opportunities for sexual violence and the inherent vulnerability of migrants, especially women, travelling by insecure means and routes:

If they come on foot, let's say it could be that they see a mother alone and she asks for help from a person with a car and it could be a truck driver who rapes them, either the mother or the girl.

Others told stories of guerrillas hiding in the bushes or along the unofficial routes, kidnapping and raping women and girls; of guards taking advantage of women migrants and asking for sexual favours to let them pass; and of children getting lost in the crowded terminal in Cúcuta and being kidnapped and sexually assaulted or raped in the terminal bathrooms.

Leaving their homeland and travelling to Colombia is when many Venezuelan people will first encounter anti-Venezuelan xenophobia.⁸ There exists a particular gendered form of xenophobia underpinning norms that makes GBV against Venezuelans permissible in Colombia. Women, girls and people with diverse SOGIESC, in particular, are seen as appropriate targets due to the gendered and xenophobic stereotype of Venezuelan women being hypersexualised. This mix of xenophobia and gender discrimination results in what one humanitarian actor called the 'exoticisation, eroticisation of the body of the Venezuelan woman', which 'has generated a culture of permanent sexual violence towards women', according to another.

People with diverse SOGIESC face similar, if not increased and heightened, risks during flight and on arrival as do women. Their relative lack of support networks, even compared to other Venezuelans, means 'they suffer more sexual exploitation. I would say as much as women', according to one national NGO worker. They endure xenophobia as Venezuelans and additional discrimination for their diverse SOGIESC; they are also persecuted and even targeted for hate killings more frequently. Similar types of violence against men likely take place along the migratory journey, but this was not mentioned by the interviewees in this study.

These stories mirror the findings of Kalyanpur (2019) and Zulver and Idler (2020), who found that women and girls (and, to a lesser degree, men, boys and those with diverse SOGIESC) who travelled via informal crossings were subject to sexual violence, harassment, extortion, rape and transactional sex in order to pass. The other form of GBV that they mention – human trafficking – was absent

8 Afro-descendent, Indigenous and other racialised Venezuelans are likely to experience xenophobia and racism in many forms before, during and after displacement. This may be further complicated by anti-Venezuelan sentiments in Colombia or other settings, but none of the respondents in this research identified as such, meaning that no concrete conclusions can be drawn.

in the interviews with Venezuelans for this study, beyond a few stories about those who had been kidnapped. Humanitarian actors, by contrast, mentioned ‘very organised trafficking networks for sexual exploitation’, including this example:

In Cartagena, Colombian leaders showed us how Venezuelan women were hired – it was a catalogue with women and girls that were brought from Venezuela into sex work houses and other kinds of spaces.

As Zulver and Idler (2020: 1129) note, ‘data about trafficking are almost completely lacking’, and this absence should not be used to disprove its existence.

3.3.2 GBV in Colombia

Once in Colombia, women reported being exposed to sexual harassment and exploitation, which was often coloured by xenophobia. In all three locations in this study, men and women recounted how women were regularly propositioned for sex, often while working, particularly those in informal work such as selling coffee or sweets in the street, or while travelling around the cities in taxis and buses. Indeed, Venezuelan women who sold coffee from flasks were often presumed to be available for paid sex, and ‘asking a woman how much it would cost for “the entire thermos” is a euphemistic way of asking how much she charges for sex’ (ibid.: 1130). Other interviewees recounted stories, both personal and second-hand, of women who were offered jobs in exchange for sexual favours, both in-person and, increasingly, online. As one woman explained: ‘More than two offered me a job if I slept with them. For me, that is violence.’

These acts of sexual harassment can lead to sexual violence, as they are underpinned by gender norms that justify and normalise predation against women and girls, and especially those who are stigmatised for various reasons, including poverty or nationality. Several respondents gave examples of sexual violence occurring in Colombia, including kidnap, rape and murder of women and girls. Because these gender norms exist in both countries, some interviewees felt that ‘they are in the same conditions whether they are in Colombia or Venezuela’. As one woman in Pasto stated, ‘As a woman, both in Venezuela and here, one is always exposed.’ Similarly, another interviewee said:

It’s the same there in Venezuela and here in Colombia ... In both places, there are those who suffer the same abuse from macho men or drunk men, rapists.

In the recent DANE survey, over the previous seven-day period, two in every 1,000 women reported being touched or kissed without consent, and one in every 1,000 reported being forced into sex (DANE, 2021). People with diverse SOGIESC are at heightened risk, as they are often deemed to not be adhering to expected gender norms. According to one focus group participant:

Let’s say in the Valle, in Valledupar, there are many who have been working in the street, and most of them are Venezuelan, and yes they have been killed, yes they have been raped.

Venezuelans experience GBV due to their legal and economic vulnerability, as they settle in Colombia and seek informal employment with unequal power dynamics. According to several interviewees, Venezuelans were more vulnerable because they ‘are not from this country’ and do not necessarily know their rights. This legal and economic vulnerability results in many not feeling comfortable going to the authorities when something happens, as they equate their perceived lack of rights with a lack of legal recourse. Indeed, the Venezuelans interviewed in this study were more likely to see GBV as an issue needing justice rather than healthcare, and often felt they should go to the police for support rather than to a healthcare provider. Yet, at the same time, their irregular status makes them wary of the authorities, increasing the likelihood that victims go without treatment altogether, resulting in unwanted pregnancies, sexually transmitted infections (STIs) and mental health issues (Calderón-Jaramillo et al., 2020). As one woman in Cúcuta stated:

We are here as if we are adrift, as if ... I have to accept that you mistreat me because you are the one supporting me. I am under your regime.

Moreover, the intrafamilial violence and IPV that occurred in Venezuela also did not disappear once families arrived in Colombia. According to Ladysmith and the Gender Equity Secretariat at the Cúcuta Mayor’s Office (SEG) (2021), most of the GBV that was reported between January and March 2021 was perpetrated by partners (44%) and ex-partners (22%). One men’s focus group suggested that IPV was more likely to go unpunished in Colombia because the already precarious nature of the family in a foreign country meant women were less likely to report and extended family support networks no longer existed. In their words: ‘She doesn’t say anything, so nobody does anything.’ For two women in individual interviews, when asked whether they thought they would have suffered the same verbal, physical and psychological violence from their partners in Venezuela that they did in Colombia, one answered, ‘No, because that’s my home’ and the other, ‘No, obviously no ... as soon as they raise their hands toward me, my two brothers would come in ... they would not tolerate that’. Both women noted that if they had stayed in Venezuela, they would have maintained their extended family support network, rather than living only with their partners in Colombia. Another woman stated that she was unable to leave a violent relationship because she was afraid of being alone in Colombia. Indeed, one in four women who wrote in to the Cosas de Mujeres platform⁹ in February and March 2021 ‘expressed anguish at the impossibility of leaving these situations’ because they lacked economic resources (Ladysmith and SEG, 2021: 3).

Thus, for many women, migration increases opportunities for the continuation and possible escalation of intrafamilial violence, due to the breakdown of family networks and the inability to rely on the legal system for support. As one UN actor understood it:

Venezuelan women have a more communitarian response to GBV. Maybe this is because they don’t have a really strong framework in terms of laws and institutions, but they have a sense of protecting each other.

9 The Cosas de Mujeres platform uses WhatsApp to connect women with GBV services in Cúcuta, Cartagena and Bucaramanga (Ladysmith and SEG, 2021).

Although the Venezuelan women spoke of it as a familial response to GBV, this approach can be interpreted as being part of the wider community response. Another humanitarian actor noted that Venezuelan women's irregular status made them reluctant to report cases of sexual violence for fear of being expelled from the country.

The added vulnerabilities of not being in one's own country can intensify this type of violence when a couple is of mixed nationality. Two focus groups in Cúcuta – one of men and one of women – recounted how some Venezuelan women who married Colombian men could be subject to extra abuse, maltreatment and humiliation because the husband was the one supporting and protecting the woman. These abuses can be exacerbated when women partner with Colombian men specifically for shelter, protection and support – or when these relationships turn into forms of domestic servitude or sex slavery (Kalyanpur, 2019). Alongside this, GAPS et al. (2021) and Zulver et al. (2021) report an overall increase in all forms of GBV due to Covid-19 and lockdowns in Colombia, which shifted the sites of sexual abuse from bars and clubs to homes and virtual spaces.

For men and boys, recruitment into armed groups, criminal gangs and guerrilla movements has been identified by several studies as a primary way they experience GBV (Kalyanpur, 2019; Murfet and Baron, 2020). This non-sexual 'militarization of men' should be considered 'gender-based' violence, since it disproportionately affects men and boys, exposes them to armed violence and can 'leave them psychologically disabled for life' (Dolan, 2015: 492–493). Other types of sexual exploitation and violence towards men and boys remain under-researched and under-reported (R4V, 2020). These same patterns played out in interviews for this study, where men discussed targeted recruitment by armed groups and criminal elements active in certain parts of the country, yet they did not disclose other forms of sexual exploitation and violence. As one man in Pasto explained:

I think this type of violence against men has become equal to that against women, especially in illicit work, in work in armed groups. Nariño is a border department, which is one of the most dangerous in the country, Colombia, and there is a lot of recruitment [by armed groups]. We have seen many cases of young people – 12, 13, 14, even 17 years old – recruited by this type of group.

Finally, three in five respondents who were asked about the lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQI+) community believed that those with diverse SOGIESC had more freedoms in Colombia than they had in Venezuela. As one man in Bogotá explained:

They have been more open [in Colombia], in the sense that if you see two men holding hands or two women kissing in the street, nobody says anything. In Venezuela, if they see you, they will throw stones at you or abuse you or totally discriminate against you.

Parts of Colombia – especially larger cities such as Bogotá – can be seen as a more liberal society in this regard, giving those with diverse SOGIESC the opportunity to express themselves more fully and openly, even in public spaces. As a gay man in a focus group in Bogotá explained, he came to Colombia so that he could live more openly. In Colombia, he said:

We walk free, without thinking that someone is going to see me because I walk in an effeminate way, because I talk in an effeminate way, because I wear x type of clothing.

In Venezuela by contrast, this man explained that he had ‘had to live a taboo’, even within his own family. Similar stories of LGBTQI+ persons leaving Venezuela and their families to find safer spaces for self-recognition and sexual freedoms have also been reported by Caribe Afirmativo and Mercy Corps (2021).

This is not to say, however, that this community never experiences violence in Colombia, particularly outside of the capital. Indeed, although respondents in Bogotá were more likely to see Colombia as safer for LGBTQI+ Venezuelans than Venezuela had been, respondents in Cúcuta and Pasto were more likely to think it was either the same or less safe. Colombia Diversa (2021) reports that 2020 saw the highest level of homicide of and threats towards LGBTQI+ people on record – even as the total number of homicides and threats as a whole was the lowest in 40 years. As one interviewee in Pasto explained:

I know of cases, both of trans girls, trans boys, lesbian women, gay men, who have been victims of violence by Colombian people, both because of their sexual inclination and because of the way they dress, speak.

Several others noted that those with diverse SOGIESC were victims of ‘double aggression’, first for being a Venezuelan migrant and second for their SOGIESC. During the Covid-19 pandemic, Colombia’s gender-based lockdowns, which permitted men and women to move on different days, also created increased opportunities for targeted attacks on people with diverse SOGIESC, who were perceived to be out of the house on the wrong day. However, these restrictions were repealed one month later following outcries from LGBTQI+ activists (Murfet and Baron, 2020; Parsons, 2020).

3.4 Sexual and reproductive health and rights

Gender norms can also influence health outcomes for people of all genders, ‘particularly by exposing them to different health risks, distorting the recognition of their health needs and embedding disparities in their access to health care’ (Stavropoulou, 2019: 3). For SRHR, specifically, this can manifest in several ways. Women, particularly young women, may avoid seeking contraception because of stigmas around premarital sex or resort to informal practitioners and dangerous practices to deal with sexual problems or unplanned pregnancies. Men may also avoid using contraception or getting treatment for STIs because of masculine norms around sexual promiscuity, virility and taking sexual risks. People with diverse SOGIESC may be less likely to seek healthcare for STIs, as they may feel they will be humiliated or discriminated against for not conforming to gender norms (ibid.).

Gender norms are only one of many barriers to accessing SRHR during migration (Heidari et al., 2019; Desrosiers et al., 2020). Humanitarian crises, and particularly displacement, often limit access to planning services, voluntary termination of pregnancy and the full enjoyment of sexuality among refugees, due to the disruption of services within a crisis as well as the lack of access by those who cross borders irregularly or are otherwise unable to access services (Profamilia and IPPF, 2019). SRHR services, including contraceptive care, prenatal pregnancy care and STI screenings and treatment, among other obstetrics and gynaecological services, are a key area of urgent need for many Venezuelan migrants, but one they frequently struggle to access due to a range of social, economic and institutional barriers.

Research shows that SRHR needs are inadequately addressed for Venezuelans in Colombia, despite pre-pandemic measures to improve access through a SRHR cluster led by the Pan-American Health Organization/World Health Organization (PAHO/WHO) and the Ministry of Health and Social Protection (MSPS), by implementing the Minimum Initial Service Package (MISP)¹⁰ and by preparing resources specifically for Venezuelans in cities along the border (Rivillas-García et al., 2021). Despite these efforts, the scale of needs remains ‘tremendous’, local coordination mechanisms remain ‘weak’ and the integration of SRHR with HIV and GBV programmes remains lacking – all of which culminate in individuals with intersecting vulnerabilities ‘likely falling through the cracks, particularly in more remote informal settlements’ (Murfet and Baron, 2020: 23).

3.4.1 The right to enjoy one’s sexuality

During migration, humanitarians and other aid actors tend to approach sexuality from the perspective of preventing unwanted pregnancies. While this is certainly necessary, it often amounts to a focus on controlling fertility and neglects other dimensions of sexuality that are necessary for the proper exercise of sexual rights, such as the right to pleasure. Principle 4 of the International Planned Parenthood Federation (IPPF) Declaration of Sexual Rights states that:

The entitlement to experience and enjoy sexuality independent of reproduction ... should be safeguarded, paying particular attention to those who, historically and in the present, are denied such an entitlement (IPPF, 2008: 14).

Sexuality should therefore be understood as part of a wider frame of well-being – one with which humanitarians have been hesitant to engage to date, confining themselves to a problem-solving approach that limits sexuality to sexual violence, victimisation and unwanted pregnancies.

¹⁰ The MISP aims to guarantee reproductive health during humanitarian crises through the provision of kits and supplies, prevention of sexual violence and responding to needs of survivors, prevention and treatment of STIs, prevention of excess maternal and newborn morbidity and mortality, prevention of unplanned pregnancies, and a plan for integrating comprehensive sexual and reproductive health services into primary healthcare (Calderón-Jaramillo et al., 2020).

In the case of the men,¹¹ there was a tendency to affirm that in Venezuela they did enjoy their sexuality and did not identify constraints that prevented them from doing so. On their part, some women expressed that they also enjoyed their sexuality fully; however, there were issues arising from power relations in the case of heterosexual women, which occasionally prevented this from happening.

In general, Venezuelans expressed that during migration, it was not possible to enjoy sexuality and pleasure because either their journey was short, via bus or plane, or due to a lack of privacy, particularly for those who migrated on foot as *caminantes*. As a man in Pasto explained: ‘No, because we slept in the street, and we had no privacy.’ For some people, issues of privacy remain after they have settled in Colombia because of crowded living conditions:

I do not enjoy my sexuality, because I have no privacy ... I have privacy in the room where I sleep with my two children, and that is my privacy, being inside those four walls, but I can't be sexually active.

The right to pleasure is also restricted when, in the case of monogamous couples, one person migrates before the other.

3.4.2 Attitudes towards contraceptive methods and reproductive power

Access to contraceptive methods has improved for Venezuelans following migration to Colombia. A lack of SRHR services and inflated prices of contraception in Venezuela has led to increased unplanned pregnancies and increased STIs, including HIV, many of which go untreated (Murfet and Baron, 2020). According to a recent study, more than 90% of Venezuelans do not have access to contraception (Cordaro, 2020). In the interviews conducted for this study, the most frequently mentioned contraceptive methods in Venezuela were condoms and birth control pills. Long-acting forms of contraception, such as the intrauterine device (IUD), sterilisation and tubal ligation, were mentioned only a few times. According to one woman, ‘I wanted to get [my fallopian tubes] tied but they told me no, because it was the first [child].’

In Colombia, access to SRHR services remains limited for Venezuelans, especially for those with regular status who are not affiliated with the national health insurance scheme, as well as those with irregular status, since much of it is considered non-emergency care. According to GIFMM and R4V (2021), 35% of households in need of SRHR services within the previous 30 days were unable to access them. For those who could access these services, a wide range of contraceptive methods was available, such as condoms, pills, injections, the subdermal implant, tubal ligation and vasectomy.

¹¹ Undoubtedly, all people have the right to pleasure regardless of whether they identify as women, men, non-binary or other. However, in the interviews, people identified themselves only as men or women, and it was therefore possible to establish differences and commonalities in the ways they enjoyed or did not enjoy their sexuality. No one among the people sampled in this research identified as non-binary or genders other than male or female, so it was not possible to research differences or commonalities for these groups.

According to the DANE survey, almost 60% of participants said that they or their partner used a contraceptive method, and of those who did not do so, 75% answered that it was because it was not necessary. Men were more likely to say they did not use contraceptive methods because they could not afford it compared to women, 23% and 8%, respectively. Indeed, the main barrier to accessing contraceptive methods continues to be out-of-pocket expenses, which are a significant barrier for vulnerable and impoverished groups. As a man in a focus group in Cúcuta explained:

My wife had to get the device and they told her that she had to pay 350,000 pesos [88 USD] over there in the centre, and one has to take out 350,000 pesos ... either you pay the rent, or you pay for the device.

All the interviewees held open attitudes towards contraception,¹² and almost all saw it as something that was the responsibility of the couple, not just the woman – both prior to and after migration. Indeed, one woman described how prior to migration she and her boyfriend would take turns being responsible for contraception, with her taking birth control pills for three months, and then her boyfriend using condoms for the next three months. Several identified the changing situation of displacement as a key factor in their increased willingness to use contraception – both because it was more available in Colombia, as well as due to their desire to have a smaller family (see Sub-section 3.1.1). A man in Pasto stated:

Before we migrated, we didn't have planning methods, contraceptive methods. Here, the way we see it, the greater responsibility that we have and the cost of bringing another child into the world ... now we use contraception.

Men in all three cities explained how they had a vasectomy because they did not want any more children, and many saw it as a way to take control over their own bodies. One man who had decided to get the procedure while in a relationship went through with the decision even after that relationship ended. In his words, 'I was sure of my decision because in the end, it was my decision and my body.' Others said they wanted a vasectomy done because of the side effects their partners experienced while on birth control pills and injections. Indeed, although many men had never heard of vasectomies prior to migrating, this was the main type of contraception that men have access to in Colombia. As a man in Cúcuta described, when he went in for his procedure, 'they attended to five, six of us, down there, like puppies'.

For women, the main barriers to contraception in Colombia were a lack of knowledge about where to get it or lack of funding to afford condoms and over-the-counter contraception, such as birth control pills. Of those who did use contraception, the long-lasting contraception methods, such as the implant, injections and IUDs, were most common. Women, like men, also experienced the increased access to

12 Interviewees were sampled from Profamilia's client lists and service groups, meaning that they had sought out SRHR services in some capacity. Thus they likely had a higher level of exposure to contraceptive methods than the general Venezuelan population in Colombia.

contraception as a way to take control over their bodies. When asked if she felt that she could decide how many children to have in her current situation as a migrant, one woman in Cúcuta answered, ‘Well yes, because here there are methods and everything’.¹³

The reliance on long-lasting contraception by Venezuelans in Colombia can be seen as reflective of the different cultural norms around how many children a family should have, as well as a patriarchal perception of managing fertility as a problem to be solved – permanently in the case of men who are offered vasectomies – rather than seeing this shift in desired family size as a response to current circumstances that may change again in the future.

3.4.3 Abortion and voluntary interruption of pregnancy

While all Venezuelans interviewed for this study were in favour of contraception, almost none expressed support for abortion or, as it is known in Colombia, the voluntary interruption of pregnancy (IVE). As of February 2022, IVE is legal in Colombia within the first 24 weeks of pregnancy for any reason, and beyond 24 weeks on three grounds: if the woman’s life is at risk; if the foetus has a serious malformation that prevents extrauterine life; or if the pregnancy is the result of abuse (Profamilia and IPPF, 2019; BBC, 2022).¹⁴ These grounds are interpreted broadly, resulting in a permissive legal environment, though social, institutional and financial barriers still prevent women from accessing treatment. By contrast, abortion is criminalised in Venezuela.

Access to IVE is offered to Venezuelans by Profamilia, which works with several international humanitarian organisations and UN agencies, and a limited range of other private organisations. Between 2017 and 2018, there was a 500% increase in abortion procedures for Venezuelan women (Profamilia and IPPF, 2019).¹⁵ Yet, there were few mentions of access to safe abortion care in interviews with humanitarian actors, despite a known need for such services, which may be indicative of political and cultural sensitivities – real or perceived, domestic or international.¹⁶ Humanitarians’ hesitance to engage with safe abortion care means that Colombia, which is not a legally restrictive setting for access to safe abortion care, effectively becomes restrictive for those Venezuelans who depend on humanitarian actors for referrals and information, as they are often unable to access non-emergency healthcare. Indeed in 2019, almost 75% of the total funding for the Venezuelan humanitarian crisis came

13 By contrast, Rubiano-Matulevich (2021) found that Colombians displaced by the internal conflict saw a reduced degree of choice on the issue of contraception.

14 Prior to ruling C-055 of the Constitutional Court of Colombia in February 2022, abortion was technically criminalised at any point in pregnancy but permitted on the basis of the same three exceptions. This had been the case since ruling C-355 of 2006.

15 In 2018, SRHR service providers in Colombia indicated that the scale of need for their services by Venezuelans, including for IVE, was the most pressing issue facing them as healthcare professionals (Daigle et al., 2022).

16 See, for example, the recent removal of SRHR from UN Security Council Resolution 2467, as well as a number of United States policies that have shaped access to comprehensive SRHR worldwide (Guttmacher Institute, 2021). For more on Colombia’s legal setting and the implementation of access to safe abortion care, see González Vélez et al. (2016).

from the United States (US), and because of the Mexico City Policy, or Global Gag Rule¹⁷ – only recently repealed – and the extant Helms Amendment, programmes that were involved in abortion-related activities were unable to benefit from this funding (OCHA, 2019).

Most Venezuelans interviewed for this study stated that they were against abortion and that migration from a country where it was illegal to one where it was legal had not changed their opinion. There were no significant differences between genders, though many women and men made exceptions for cases of rape or foetal malformations. While these exceptions match those in Colombian law for pregnancies beyond 24 weeks, the interviewees stated that they had held these opinions even in Venezuela: one man said, ‘I have always seen it in the same way. It has nothing to do with migration.’ Even those who believed IVE should be legal, stated this opinion was not based on moving to Colombia. ‘I’ve always thought the same. Everyone has the right to decide about their own body in certain ways,’ affirmed a woman in Cúcuta. The only person whose opinion changed following migration based the shift on the changing economic situation of the Venezuelans, not its legality. As this man explained, ‘I used to think it wasn’t right ... but I say that if it’s necessary and the child is going to suffer, it’s better to abort it.’

Age, however, did play a role in attitudes in both men and women, with younger people generally holding more permissive attitudes toward IVE than older people. Young men in Bogotá spoke freely about abortions they had heard of and, like many interviewees, believed they should be allowed in cases of rape and foetal malformations. One participant went even further: ‘If you don’t want [a baby], you shouldn’t have to have it just because society says so.’ Similarly, a young woman in Cúcuta noted, ‘Since abortion has been legalised, the woman has the power to decide yes or no.’

17 The Mexico City Policy, known as the Global Gag Rule by its critics, is a policy that has been alternately adopted and repealed by successive US presidents in the last 30 years. In its most recent form, the policy prohibits any organisation in receipt of US funding from using those funds or any other resources to perform or promote abortion, including providing referrals, counselling or advocacy. Organisations are therefore forced to choose between US funding and providing comprehensive care to patients (Centro de Derechos Reproductivos, 2017).

4 Key challenges for gender-responsive humanitarian action for Venezuelans in Colombia

Whether, to what extent and how successfully the humanitarian response is acknowledging the changes in gender roles and norms described in this paper is unclear. According to Bizzarri et al. (2020: 1), gender equality and empowerment of women and girls

in the response to refugees, migrants, and returnees from Venezuela has focused primarily on GBV (case management) and SRHR, without evidence of it being meaningfully integrated in the other sectors of the humanitarian response.

Yet, as seen in the previous chapter, the lives of Venezuelans are changing in numerous ways due to migration dynamics – ways that are not always accommodated within the state or international response. Indeed, the humanitarian response to Venezuelan displacement remains limited in scope, complex in coordination and chronically underfunded – barriers that need to be overcome for a more gender-responsive approach.

4.1 Conventional understandings of gender in programming

Despite years of commitments, guidelines and frameworks, the depth of understanding around gender broadly writ – and the meaning and impact of gendered norms and roles in particular – remains lacking (Daigle, 2022). In Venezuela, as in many responses around the world, by and large ‘gender’ is still taken to mean ‘women and girls’ in practice (see Holloway et al., 2019). This results in a conceptualisation of gender that is both narrow – that is, exclusive of men, boys and gender-diverse people – and monolithic, treating women and girls as an undifferentiated group with shared needs, challenges and opportunities. One informant, who worked for a UN agency, lamented this gap:

We really need to understand what gender means. We’re stuck to women and girls, and that’s it ... We need to start speaking about boys and men and other kinds of risks related to age, diversity, gender, stage of displacement.

The risk of this simplistic definition is that women are often seen as inherently vulnerable, when in reality – as seen in this study – women may find they have increased economic power after migrating. According to one INGO:

This whole issue of migration has somehow made the role of women in leadership and the formation of a household more visible ... Out of 9,000 households, 75% are represented or led by women.

In part, this pattern results from migratory dynamics, where family networks are ruptured, but it is also due to the vulnerability assessments employed by humanitarian actors. These assessments include a number of vulnerability criteria, such as the composition of the household, reduced coping strategies, possible discrimination, and the economic, health and legal conditions of the household. Based on these criteria, women-headed households are almost always seen as more vulnerable than households headed by men, because the humanitarian community continues thinking about household dynamics in a static, traditional way, where the man is the presumed breadwinner. This approach is both highly gendered and gender-blind, as it relies on restrictive norms about women, which may or may not hold true in any particular case, but without accounting for the material needs around care work that need to be supported before women can be equitably and ethically integrated into the world of work.

Likewise, people with diverse SOGIESC are not prioritised in humanitarian action. This is despite widespread acknowledgement by all of the interviewees that they faced acute risks, including exploitation, extortion, human trafficking, physical and sexual violence, and hate killings, and that these risks were directly linked to perceptions of their gendered identities and perceived transgression of ‘appropriate’ gendered norms and roles. This exclusion is despite the fact that one aim of the Regional Gender Task Force of the R4V is ‘to strengthen partners’ capacities in programming, with a special focus on rights of women, girls and LGBTQI+ persons’ (R4V, 2020: 22). Indeed, as one interviewee noted:

Inclusive [mitigation of] GBV is suitable for both men and women. However, due to the South American context, 100% of the beneficiaries are women. So we don’t say that we specialise only in women; it’s more a contextual thing.

This context influences humanitarian workers also. As one INGO worker declared:

A lot of work needs to be done on the humanisation of services and how to respond to the LGBTQI community. We need to make humanitarian workers understand that sexual orientation is independent of gender.

Limiting the scope of gender programming to women, to the exclusion of men or people with diverse SOGIESC, has meant that in practice some organisations have taken a gender-aware approach – considering gender but not using it as an operational concept – but have yet to progress towards gender-sensitive, gender-responsive or gender-transformative programming (Butt et al., 2019).¹⁸ Indeed, some interviewees admitted that their organisations often did not go beyond quantitative inclusion – that is, reaching a set number of women and girls with a particular intervention (Liebowitz and Zwingel, 2014; Fuentes and Cookson, 2020). As one INGO worker noted:

18 According to Butt et al. (2019), gender-sensitive approaches use gender to inform the project’s design and methodology; gender-responsive approaches use gender in both project design and analysis, but do not address the structures underlying gender inequality, such as norms or power dynamics; and gender-transformative approaches attempt to respond to different power dynamics and gender-based needs, as well as to transform those dynamics to be more equitable.

In my personal experience, organisations say that they have a gender component but only because they're working with women and girls or because they have a project that focuses on GBV.

Similarly, a UN worker disclosed:

We have to report on women and girls, ticking the box to include some population that might be at risk due to their gender. But it might be limited to that – the numbers and the disaggregated data that we use, and maybe some specific needs for boys, girls, women, men.

Reasons for this limited scope, however, go beyond monolithic understandings of gender, as the humanitarian response is still in the emergency phase, focused on basic needs. Little effort, often due to capacity and funding constraints, has been made to understand gender norms and roles, and to mainstream this understanding into a meaningful gender-responsive approach, much less a gender-transformative one. This contrasts with the Inter-Agency Standing Committee (IASC) gender handbook and the Sphere Handbook, both of which 'have recently been updated to reflect a greater focus on gender transformative approaches' (Holloway et al., 2019: 26). Instead, gender work is still under the remit of protection (which addresses GBV) and health (which addresses SRHR), rather than it being linked up with other areas of response like livelihoods and migration status, which can contribute to vulnerability to GBV and shape conditions for addressing and confronting it through access to healthcare and to justice systems.

Although research shows that Venezuelans see livelihoods as a key concern (Kalyanpur, 2019; Panayotatos, 2019; REACH, 2019; Bizzarri et al., 2020), livelihoods programmes are rarely prioritised and – where they do feature – are strongly shaped by gender stereotypes. In one instance, an interviewee stated that women's entrepreneurship 'replicates gender roles because it's a bit of sewing, making cakes'. Another organisation agreed that there were stereotypes, but in their experience, the migrants they worked with did not follow them. As one of them explained:

I was surprised that none of [the LGBTQI community they work with] wanted to be in a beauty salon, because that is a big stereotype for this population, but here it was completely the opposite.

One place where gender roles intersect with livelihoods programmes that is not typically taken into consideration when designing projects, is how additional income-earning opportunities will impact women who have caring responsibilities – a common problem for women in informal employment (Moussié, 2016). According to one informant:

If you don't put together a care system – *un sistema de cuidados* – you can't do it. Please don't do it! It's worse. If you put women working without a care system, it's a mess. It overloads them.

While some interviewees in this study mentioned creating mutual support networks to provide childcare for working parents, these were not systematically reported. Rather than focus on creating job opportunities for women, humanitarian organisations could shift livelihoods programming away

from directly providing economic opportunities and towards overcoming the barriers to accessing jobs. For caring responsibilities, for example, they could look to provide safe spaces for children to stay during the day, so that women would be free to seek and take up work to support their families. They could also build on the state-subsidised model in Colombia, run by the Colombian Institute of Family Welfare (ICBF), which already supports a small number of Venezuelan children and adolescents, with the support of UNHCR, the UN Children's Fund (UNICEF) and IOM (ICBF, 2020).

Few humanitarian actors mentioned efforts to work with men, and several interviewees stated this was a gap in the programming. According to them, Venezuelan men, particularly those who were in Colombia irregularly, were often stigmatised as 'criminals', leaving them unable to find employment and in need of support. Without support, they were exposed to recruitment or labour exploitation by armed groups, including for drug trafficking or cultivating coca.

Regularising migration status is another area where men and women need further support, but only a few humanitarian organisations offer it. According to GIFMM and R4V (2021d), 68% of the Venezuelans they interviewed were in an irregular situation, though the vast majority (97%) wanted to do the virtual pre-registration process for the PPT but were hindered by technical issues and a lack of information on the process. These barriers to regularisation and the difficulty in getting papers from Venezuela certified in Colombia have created difficulties in accessing the labour market and entering formal employment (as well as accessing healthcare services, education, etc.) (R4V, 2020). Like with childcare, documentation is another area that local, national and international humanitarian organisations could focus on, so as to remove a barrier to accessing work. Venezuelans with appropriate documentation would have more choice around how they organised their families and divided their labour, as well as helping them feel comfortable reporting incidents of sexual violence, including IPV, and seeking medical treatment when needed.

4.2 Overlapping, stretched and siloed coordination systems

Decades of conflict have meant that Colombia has a strong civil society that includes local and national NGOs, think tanks, activist networks and universities, which are all accustomed to confronting conflict-related harms and agitating for rights and services (Sánchez-Garzoli, 2016). Regarding gender, Colombia also has a strong and well-developed tradition of women's organisations and rights activism, with vocal and organised advocacy taking place across healthcare, legal and political advocacy. Indeed, comparatively few Venezuelans reported having regular contact with international humanitarian agencies and rather relied on local and national civil society organisations, church groups and dioceses, community networks and family to access what they needed.

Ongoing instability and conflict in Colombia, however, can disrupt state services and humanitarian response alike. As one national actor recounted:

The internal armed conflict is a serious problem for being able to achieve those objectives of development and humanitarian assistance that we have. Why? Because the illegal armed groups ... do not permit access to many places where the Venezuelan migrant population is. Or they don't allow us to serve certain population groups like the *caminantes* who are crossing the country.

Moreover, Colombia's conflict has seen significant gendered harms, including ostensibly conflict-related forms like GBV committed by armed actors, as well as increased IPV and complex reproductive violence (Centro de Derechos Reproductivos, 2020). The peace process has also been notably marred by resistance to gender justice: significant opposition to the 2016 peace deal with the FARC-EP, which failed a public plebiscite, took the form of backlash against acknowledgement of gendered conflict harms (Céspedes-Baez, 2016; Beltrán and Creely, 2018; Biroli and Caminotti, 2020). This makes the setting fraught with crises and responses, as well as an underpinning ambivalence towards gendered concerns like women's rights, LGBTQI+ rights and feminism.

All of this means that the shifts and changes in gendered norms and roles observed among displaced Venezuelans are happening amid multiple crises, and so they cannot necessarily be attributed to any one shock alone: displacement, armed conflict, Covid-19 and other factors all have a role to play. Existing research shows that GBV tends to increase during and after crises of all kinds – including forms directly related to the crisis (opportunistic, perpetrated by armed actors, etc.) and indirect forms (intrafamilial and IPV, etc.) – meaning that the multiple crises addressed by the Colombian humanitarian architectures are likely mutually compounding both shifts in gendered norms and the variety of gendered harms that are generated (Hynes et al., 2015). During the Covid-19 pandemic, the compounding nature of overlapping crises has been particularly evident from a gender perspective, with increasing GBV alongside a decreasing availability and accessibility of services to confront it – for everyone, but especially for Venezuelans (Zulver et al., 2021).

Coordination in a setting where multiple and overlapping crises are unfolding in tandem is challenging. Impressive networks and coordination structures have been put in place to address these overlapping crises, but there are still many regions of Colombia that are not covered, some of which have high numbers of Venezuelans. In an effort to mitigate this complexity, humanitarian actors pointed to their 'back-to-back' approach. This mode of work takes the form of monthly two-hour meetings, which entail one-hour focused on displacement issues, leaving the remaining hour to cover internal conflict, natural hazards, development and Covid-19. While this structure aims to avoid duplication and any contradictory ways of working, as well as bring together actors from across local, national and international levels to coordinate their work for both Colombians and Venezuelans, many interviewees felt that it meant insufficient time was devoted to overlapping crises, much less the nuances of each of these crises, such as whether and how gender norms were shifting. They also claimed this way of

working led to over-stretched staff and capacity, as well as a duplication of efforts. Humanitarian actors are forced to choose between coordination spaces and sub-groups when allocating their limited time, leaving the response further siloed. As one informant from a UN agency described:

The humanitarian sector in Colombia is very, very busy. There are so many meetings and so many coordination spaces because of two architectures, so sometimes the humanitarian actors have to choose in which sector they want to participate. So if the main focus is health, they go there, they don't go to GBV, even if they have some activities.

Alongside coordination across responses to multiple and overlapping crises, the situation of Venezuelans in Colombia also demonstrates the need for more and better coordination across the nexus of the humanitarian, peace-building and development sectors. Gendered harms exist on a spectrum that transcends crisis itself – they may be exacerbated by crisis, but they are rooted in pre-existing norms and occur before, during and after what tends to be understood as a period of ‘crisis’ (see Holloway et al., 2019). As one informant argued, ‘Going further than humanitarian is key. Gender norms don't necessarily align with our silos.’

The experiences of Venezuelans in Colombia show the wide-reaching impact of gender norms, roles and power relations in how they experience multiple and overlapping crises, as well as the complex and non-linear shifts that these undergo in the course of displacement and during its aftermath. These impacts transcend the silos of what we have traditionally classed as ‘humanitarian’, as opposed to ‘development’, ‘peace-building’ or ‘civil society’, and thus appropriate responses must also move beyond those silos. As one representative of an international NGO, active in the region for some time, lamented, ‘I had high expectations with the nexus, but today there is no progress. And they're going to repeat humanitarian agendas without accessing evolution towards stabilisation.’

4.3 Low investment, high expectations

A final obstacle to achieving a gender-responsive humanitarian response that is alert to shifts in gender norms, roles and power relations, is adequate investment – in terms of funding but also political will, prioritisation and capacity. The lack of consistent and sufficient funding for meaningful gender-responsive work is a persistent problem. Like most humanitarian funding, gender funding is short term and project focused, rather than core and flexible, with limited objectives targeted by each successive programme or workstream. Several humanitarian interviewees highlighted how it was critical for organisations, programmes and wider responses to have a broad and cross-cutting approach to gender in their work, but this was directly undercut by piecemeal and siloed funding streams that did not allow for this kind of comprehensive and joined-up work. This is a particular problem for smaller and especially national and local organisations, including those focused on women's rights and led by women in crisis settings, which must commit significant capacity to pursue successive project-based funding calls in order to survive (Global Girl Project, 2021).

The impact of this on any kind of gender work is already clear: funding for gender equality and the empowerment of women and girls – particularly for anything beyond protection-related issues – is substantively deficient in financial resources and human resources. As Bizzarri et al. (2020: 11) note:

Some agencies have dedicated gender expertise, but most have gender focal points and not all of them have the necessary terms of reference, allocated time, previous expertise, and/or seniority due to the lack of resources and the general belief that these roles are not so relevant.

Similarly, multiple informants working in organisations without a specific focus on gender mentioned not currently having a dedicated gender adviser, or the role being an auxiliary one for a colleague with an already full slate of work. A lack of commitment institutionally to the kind of capacity and expertise needed to design and deliver appropriate programming and not funding those programmes sufficiently, damages the prospects for gender-responsive humanitarian action. The expectations of donors and headquarters of international entities also exert a downward pressure on long-term, tailored approaches to complex issues like gendered norms, especially in short-term humanitarian projects. This consistently inadequate funding and investment in human resources remains at odds with the sector-wide objectives of gender-responsive programming that many UN agencies and INGOs have pledged to implement.

5 Conclusions and recommendations

Based on the interviews and focus groups conducted in this research, gender norms among Venezuelans displaced to Colombia may be shifting as roles shift, but whether these changes will last is unclear. A reduction in the size of Venezuelan families is evident. Undoubtedly, the economic crisis and migration have been determining factors in reproductive decision-making among Venezuelans in Colombia. However, Latin America has also seen steady demographic decline in recent years, with fertility rates in both Colombia and Venezuela decreasing substantially, as mentioned above (Index Mundi, n.d.a; n.d.b). Similarly, the perception that women are working more in Colombia, the increased equality in housework and who makes economic decisions within the household suit the current situation of displaced Venezuelans, but it is too soon to tell if this will result in a permanent shift in gender norms – since the underpinning ideals about appropriate roles, relationships and family life remain relatively untouched.¹⁹ GBV was also understood differently by humanitarians and Venezuelans: humanitarians tended to see it as a question of healthcare, whereas most Venezuelans viewed GBV (and especially IPV) as requiring a justice and legal support response – one they were nonetheless still unsure of how to access. Finally, in SRHR, Venezuelans of all genders, but especially women and girls, indicated a somewhat greater sense of choice in their reproductive lives since arriving in Colombia, including access to longer-term contraceptive methods, but they still struggled to navigate the new legal setting for abortion.

While humanitarians are beginning to enter this conversation, real engagement must move beyond this passive mode. Where humanitarian organisations do signal an awareness of these changes in gendered norms and roles, they broadly do not account for them in the design and delivery of their programmes. It is incumbent on humanitarian actors, for their part, to properly understand these changes and thus the field in which they operate to enact a response that is appropriate, effective and does no harm. Specifically, national and international humanitarian organisations should commit to increasing SRHR capacity in partnership with SRHR- and GBV-focused organisations, while making sure Venezuelans understand their rights, including their rights to accessing healthcare. A rights-based approach means building bodily autonomy into every stage of GBV and SRHR services, without resorting to assumptions about managing fertility or what choices a service user ought to make. Across GBV and SRHR, there is a clear need to respond to how affected people are coming to grips with these issues, rather than how humanitarian organisations think they should, with better communication and multisectoral approaches that incorporate health, justice, livelihoods and other areas.

Humanitarian actors also must accept that they do not exist outside of gender norms themselves. The work ahead is not just a question of acknowledging norms among affected populations, but of recognising that humanitarian action also intervenes in that same social terrain, shaping and being shaped by gendered norms, expectations and power relations. This can be seen in how humanitarians make risk assessments and ascribe vulnerabilities, especially related to women-headed households and

¹⁹ This is in keeping with research on gender norms among Colombian IDPs (Rubiano-Matulevich, 2021), which also found a misalignment between changing attitudes (norms) and behaviours (roles).

GBV; the deployment of the nuclear family as a unit of analysis and distribution; and the presumption of caring roles for women and reliance on that labour to fill gaps in provision. An understanding of intersectionality is also severely lacking, betraying an assumption that gender alone can stand as a marker of needs, challenges and opportunities for entire groups of people. Venezuelans are largely perceived as a homogeneous group, with little acknowledgement of the gendered and compounding but nonetheless distinctive obstacles faced by people with diverse sexualities and gender identities, people with disabilities or Indigenous and Afro-descendent groups.²⁰

Ultimately, what is needed is profound change in terms of how gender-responsive humanitarian action is understood and put into practice, rather than more piecemeal changes and add-on approaches. This rethink will necessitate engagement with humanitarian principles and how they are interpreted when it comes to gender-responsive and inclusive humanitarian action. Meanwhile, there is indeed a complex political terrain to be navigated; for example, humanitarian ‘neutrality’ cannot mean silence on the critical need for safe abortion care. Similarly, some of the humanitarian actors saw themselves as restrained by the conviction that targeted approaches were a deviation from impartiality, whereas the opposite is in fact true – tailoring approaches means meeting the needs of a diverse population more effectively and equitably. Affected people may have many needs in common, but they also confront challenges that may be entirely different and require specialised interventions to support their safety, well-being and rights.

5.1 Recommendations for gender-responsive humanitarian action for Venezuelans in Colombia

As long as humanitarian actors perceive tailored approaches as conflicting with a principled approach, that perception will continue to limit commitment to gender responsiveness and thus effectiveness, appropriateness and a ‘do no harm’ approach. The potential for humanitarian response to be truly transformative, let alone feminist, is also bound to be limited. The following recommendations aim to strengthen participation and consultation, service delivery and the design of programmes, based on the experiences and perspectives of Venezuelans who participated in this study. Most of them are aimed at international humanitarian organisations, although many apply also to humanitarian programmes run by local and national authorities and organisations.

²⁰ Interestingly, some humanitarians interviewed referenced programming targeted at the gender-specific needs of the Wayúú and Yukpa, two Indigenous populations that live in the border regions between Colombia and Venezuela. This could provide interesting learning about tailored responses. No interviewees mentioned any gender interventions designed with the needs of Afro-descendent populations or those with disabilities in mind, and there were few interventions for people with diverse SOGIESC.

- **Strengthen consultation with the displaced Venezuelan population of all genders** – but especially of women, girls and gender-diverse people – on their priorities and the design and delivery of programmes by national and international organisations, civil society and the government. Create and strengthen decision-making roles and leadership for Venezuelans, and especially for women, girls and people with diverse SOGIESC, within humanitarian programme planning and delivery.
- **Adopt an inclusive understanding of gender itself** that accounts not just for the perceived vulnerabilities of cisgender women and girls, but rather for the varied concerns of women, girls, men, boys and people with diverse SOGIESC in all their diversity. Use this understanding in the assessment of risks, needs, challenges, opportunities and priorities in consultation with affected populations.
- **Continue to support and expand the collection, analysis and use of disaggregated data** on sex, gender, SOGIESC, age, disability and migratory status to inform better policy and practice, in keeping with Colombian government commitments under its Guide to Inclusive Statistical Data (DANE, 2020). Recognising that population groups are not homogeneous is crucial to identifying their needs and life experiences. Thus, this should be reflected even in the statistical processes of data collection, to know the inequality gaps within population groups based on their intersections.
- **Work with national and local organisations that know the context** and are already engaged in supporting Venezuelans to design and deliver gender-focused programmes in partnership. Prioritise organisations that are led by displaced Venezuelans, women, gender-diverse people, people with disabilities and/or Indigenous and Afro-descendent people. Rather than simply providing referral pathways to their services, support the expansion and development of these organisations' capacities and services with funding and by including them in decision-making spaces.
- **Support comprehensive SRHR for Venezuelans by implementing the MISP** (Profamilia and IPPF, 2019) and ensuring services are rights-based and built on core concepts of reproductive choice, pleasure, consent and bodily autonomy. Provide services that are inclusive, non-paternalist and built on an understanding of intersecting marginalisations, especially related to diverse SOGIESC, disability or Indigenous and Afro-descendent identities. Support the full range of SRHR services, including (but not limited to) contraceptive, prenatal, fertility and safe abortion care, as well as comprehensive sexuality education.
- **Work with national and local authorities to facilitate the ongoing transition from humanitarian work to long-term sustainable – and financially supported – integration into national services.** For SRHR particularly, expand the capacity of national and local service providers to streamline referral pathways and meet gendered needs through funding and dedicated personnel. This strengthening should be evidenced in efforts to achieve the last objective of the MISP – that is, to plan for comprehensive sexual and reproductive health services to become part of primary healthcare as soon as possible (Profamilia and IPPF, 2019).
- **Treat GBV and other gendered harms as immediate and life-threatening concerns to be addressed from the outset of crisis response** (IASC, 2015). In keeping with the IASC GBV Guidelines, assume that GBV and other gendered impacts are occurring regardless of the presence or absence of data confirming them. The Cosas de Mujeres project is an example of best practice here (Ladysmith and SEG, 2021).
- **Integrate not just protection but also livelihoods, health, justice and other areas into GBV response** – and vice versa. Develop more holistic and interdisciplinary referral pathways for

survivors of GBV, including intrafamilial violence and IPV, that account for the multifaceted impacts and drivers of GBV. An example of good practice here is Fundación Mujer y Futuro's (FMF) *ruta de protección*, or 'protection route', which provides maps and information on the risks of the journey and rights and services in Colombia to women and girls who are migrating to Venezuela on foot as *caminantes* (Sissons, 2019). According to key informants, safe transportation is also provided where possible, and provision of SRHR services, including prenatal care and abortion through Profamilia. Ensure awareness of these pathways among diverse groups, regardless of gender.

- **Support the Colombian state to facilitate access to information for Venezuelans to navigate Colombian systems** (Profamilia, 2019, 2020; Consejo Danés para Refugiados, 2022a; b). Ensure the provision of timely and quality information so that Venezuelans know their rights, how to access them, and from whom they can and should demand them. This could be done through communication with communities approaches and by sharing information on government programmes and policies with those who access humanitarian services.
- **Focus livelihoods programming on the barriers to obtaining work**, rather than the work itself. Make childcare services a foundational part of livelihood and economic justice programming, by building on and strengthening existing infrastructure, including through the ICBF, so as not to overburden women who take on a higher proportion of care work. Help Venezuelans seeking to regularise their status and have their credentials recognised in order to access the formal job market.
- **Increase emphasis on and investment in learning and further research on the social, economic and cultural context for displaced Venezuelans in Colombia**, as a key element of a 'do no harm' approach, including on pre-existing and evolving gendered norms, roles and power relations; their influence in all areas of life; and how they shape experiences of displacement. Ensure that this learning shapes the design of programmes and interventions in all areas. Conduct knowledge, attitudes and practice assessments on gender and other intersecting diversity issues with aid workers and populations affected by crisis, disseminating the results across the response.

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